U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	or Official USE OFFIC
	(AUG162005)
E	QUE DIS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - \8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	2. Fiscal Year Covered From:
		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name George	Slater	Name SMW Local 265 Union
		Labor Organization File Number 026-754
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
Street 40W853 South Bridl	e Creek	Street 205 Alexandra Way
City St. Charles		City Carol Stream
State Illinois	ZIP Code + 4 60175	State Illinois ZIP Code + 4 60188

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including t	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable pe	enalties of the law, that all of the information
submitted in this report (including the information contained in any accompany	ying documents), has been exa	mined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the se	ection on penalties in the instruc	ctions.)
	1 /	
	1 /	(A) \ (A)
lotto e dan	Sludge	(630)668-0110
Signed / Signed	on 8/11/03	(0)000-0110
	V Date	Telephone Number

Name of Person Filling (FORGE SLATER		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	3
8. Name and address of Business (including trade name, if any). Name IN DEPENDENT EMPLOYEE BENEFITS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 28 N. F(RST STREET City GENEVA State (LL ZIP Code + 4 60 /34) - 0470 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organizat b. Trust c. Employer 11.a. Nature of such dealir	
Name CONSTRUCTION WORKERS JENSION FUN Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 470	Education and according to the control of the contr	PATOR OF CONSTRUCTION : PEUSION FUND.
City GENEVA State (LC ZIP Code + 4 600 139)	11.b. Approximate dollar value 12.a. Nature of interest held TRUSTEE 3 17 6 16 9 15 6	or income received. MEETING LUNCHES OY 14.95
	12.b. Amount.	[45.80]
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		nere skale og dalmenes sometligenere en som skale Skalense skalense med blevere en skalense en skalense
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consulfant ?	14.b. Amount of payment.	Antiquation of the same of the

Name of Person Filing GEORGE SLATER	File N	lumber U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SEGAL COMPANY	grant-support	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 10 N. WACKER DR	(Control of Carrier o	
city CHICAGO		
State	,	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SMW LOCAL DUS PENSION "HEW	CONSULTANG	FOR SMW 265 (How Funds
Trade Name, if any:	1000 au	(7,000,000
P.O. Box, Bldg., Room No., if any		
Street 205 ALEXAMDRA WAY	11.b. Approximate dollar value of sur	ch docling (#90 4917]
City CAROL STREAM	12.a. Nature of interest held or inc	come received.
State ZIP Code + 4 60188	2 BASEBACIC 1-32	TICKETS 1-27
	12.b. Amount,	15.900-1
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filling GEORGE S	LATER	_	File Number U-
B. Held an interest in or derived income or economic benefit substantial part of which consists of buying from, selling or lof an employer whose employees your labor organization re (2) any part of which consists of buying from or selling or leadening with your labor organization or with a trust in which	leasing to, or otherwis epresents or is actively asing directly or indire	se dealing with the business ly seeking to represent, or ectly to, or otherwise	
8. Name and address of Business (including trade name, if an Name AMALGAMATED BATTAGE Name, if any: P.O. Box, Bldg., Room No., if any Street W&ST MONROFST City CHICAGO State ZIP Code + 4	ANK	9. Business deals with: a. Labor Organizati b. Trust c. Employer	ion
10 If 0 h, or 0 c, is checked dive trust or employer's name	1.	1.a. Nature of such dealin	N/r
Name SMUIA Local Section 10. If 9.b. or 9.c. is checked give trust or employer's name. Name SMUIA Local Section 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 ALEXAANRA	NSCON		COME MANAGER SON & WELFARE
	WAY 1	1.b. Approximate dollar value	e of such dealing. #34846,00
City CAROL STREAM State ZIP Code + 4		2.a. Nature of interest held BASEBACC DURING SM CHICAGO.	or income received. - OUTING W/SMWIA WIA CONVENTION IN
	12	2.b. Amount.	8/04/00
C. Received from any employer (other than an employ or from any labor relations consultant to an employer any p	yer covered under payment of money or	arts A and B above) other thing of value.	
 Name and address of Employer or Labor Relations Cons (including trade name, if any). 	sultant 14	4.a. Nature of payment.	
Name			
Trade Name, if any:	TO POTA Y MILITARY THE SIZE OF		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consulfant	? 14	4.b. Amount of payment.	

Name of Person Filing OFORGE SLATER		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	5
8. Name and address of Business (including trade name, if any). Name Columbia PARTNERS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1775 PENNSYLVANIA AVE City WASHINGTON State D.C. ZIP Code +4 20006	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SHEET METAL WORKERS **365 RENSCON Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 ALEX ANDRA WAY City CAROL STREAM State / CL ZIP Code + 4 60 / 88	11.b. Approximate dollar values. 12.a. Nature of interest held	DENSION FUND THE of such dealing. 136,473
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Same Same Same Same Same Same Same S		
Trade Name, if any:		Total Health Control of the Control
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
	1.4 b. A mount - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	The second of th
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	The state of the s

Name of Person Filing George Slater	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Levinson Simon & Sprung, P.C. Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 566 W. Lake Street, Suite 3 West City Chicago			
State Illinois ZIP Code + 4 60661-1414			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Levinson Simon & Sprung provides accounting services to the Union and related trust funds. The dollar amount in line 11b represents fees paid to the Union		
Trade Name, if any:	and all related Trusts.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$100,000		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	12/1/2004 dinner with spouse at the IFEBP Conference.		
	12.b. Amount. \$197		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing GEORGE SLATER		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	;
8. Name and address of Business (including trade name, if any). Name SMW Local 265 JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 ALEXANDRA WAY City CAROL STREAM State // ZIP Code +4 60 (88)	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	To Smw in Land Company in the Compan	265 JATC IS AN SHIP PROGRAM CELATED COCAL 265 UNION LIMAN - TRUSTEE
	12.b. Amount.	\$ 68.19
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name :		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing SEORGE SLATE		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Smw Local 265 LATC	a. Labor Organizat	ian
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Street 205 ALEXANDRA WAY	c. Employer	
CILY CAROL STREAM		
State [(C ZIP Code + 4 60 / 88		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	•
Name	APPRENTICE	265 JATC IS AN SHIP DEAG FROM TRIOTED
Trade Name, if any:	to 5 m w 4	SHIP Program related
P.O. Box, Bldg., Room No., if any		NEN OF JATC-TRUSTEE
Street	11.b. Approximate dollar value	e of such dealing.
City	12.a. Nature of interest held	TO STATE OF THE PARTY OF THE PA
State ZIP Code + 4	PARC PAIDER REGIONAL APPR AND EXPENSES PLUS HOTE (32 511.70	EPENSES TO ATTEND PENTICE CONTEST OF 900 TO NATIONAL CONTEST OF 900 24.82 AND AIR FARE OF
	12.b. Amount.	2036.52
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name		eren Mariana erangan perangan pendagan 17.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street St		
City	resemble and responding	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consulfant ?	14.b. Amount of payment.	

Name of Person Filing GEORGE SCATER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	5	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Weta WORKERS 265 Ho W FUND	1,000		
Trade Name, if any:	a. Labor Organizat	iton	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 205 ALex ANDRA WAY	- Inmittéel		
City CAROL STREAM	,		
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name	SMW 265 H	ealth twelface rung is	
Trade Name, if any:	1 Au A TRI	ealth Ewelface Fund 15 5mw 265 Union. USTEE OF FUND	
P.O. Box, Bldg., Room No., if any		•	
Street	11.b. Approximate dollar value	e of such dealing.	
City	12.a. Nature of interest held	I or income received.	
State ZIP Code + 4	AIRFARE NO TEL DAILY EXPENSE	BF Conference in New 161.60 ORLEANS 498.94 5 188.31	
	TRUSTEE WORKING LUNCHES 13.46		
	12.b. Amount.	[\frac{762.3}{}	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name Description of the second of the seco			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
Standard Commission of the Com			
State ZIP Code + 4			
	14.b. Amount of payment.		

Name of Person Filing SEORGE SLATE?	2	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name RET METAC WORKERS 265 RENSTON FOR Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 ALEXANDRA WAY City CAROL STREAM	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
State	,		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali		
Name Trade Name, if any:	Related to	Perpion Fund 15 SMW 265 UNION - DSTEE OF FUND	
P.O. Box, Bldg., Room No., if any			
Street [11.b. Approximate dollar valu	e of such dealing.	
City [12.a. Nature of interest held	or income received.	
State ZIP Code + 4	AIRFARE HOTEL DAILY EXPESSES	CING LUNCHES (3,46	
·		<u> </u>	
	12.b. Amount.	4862.30	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consulfant ?	14.b. Amount of payment.		

B. Held an inherent in or dended income or occurric handli with monetary value from a business (I) a distinctional part of which consists of study low, com relating or the handling of which consists of study low, com relating or health or control existing with the business of an employer value of purples of the property of the control of business (including trade mane, if any). 8. Name and address of Business (including trade mane, if any). 8. Name and address of Business (including trade mane, if any). 8. Name and address of Business (including trade mane, if any). 8. D. Box, Bidg., Room No., if any IFLOCAL_IS PENSION 10. If \$b. or \$b. is checked give frust or employer's name. 11. If \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. or \$b. is checked give frust or employer's name. 11. In \$b. is not because of semployer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or employer (or employer) and is checked give frust or e	Name of Person Filing GEORGE SLATER		File Number U-	
Name Misserous Fundador Albanount of payment. Name Misserous Fundador Albanount of payment. Trade Name, if any: P.O. Box, Bidg., Room No., if any Faore 5 State S	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise			
Trade Name, if any: D. Box, Bidg., Room No., if any FORE 5 State CL	8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 350 N. CLARE City CHICAGO State ICL ZIP Code +4 GOGIO 10. If 9.b. or 9.c. is checked give trust or employer's name. Name SMC/IF Local/265 RENS (on) Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 205 A Leverfold Way City CAROL STREAM State ICC ZIP Code +4 GOISS State ICC ZIP Code +4 GOISS State ICC ZIP Code +4 GOISS C. Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any): P.O. Box, Bidg., Room No., if any Street ZIP Code +4 ZIP Code +4 IAb. Amount of payment.	Name MISEROW TINANCIAL	(T27)		
Street 350 N. CLARE City CHICAGO State IS C. Exployer 10. If 9.b. or 9.c. is checked give trust or employer's name. Name SMWIA LOCALLOS PENSION Trade Name, if any: P.O. Box, Bidg., Room No., if any Street JOS Alexandra Way City CAROL STREAM State ICC ZIP Code + 4 60188 The state ICC STREAM 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4 The Amount of payment.	Trade Name, if any:	22220	fion	
Street 350 N. CLARK City CHICAGO State ILL ZIP Code +4 606 60 10. If 9.b. or 9c. is checked give trust or employer's name. Name SMWIA LOCAL 265 PENSION Trade Name, if any: 11.a. Nature of such dealing. MISEROW DOES NO BUSINES WITH SMW GCAC 265 FUN 05 WITH SMW GCAC 265 FUN 05 WITH SMW GCAC 265 FUN 05 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DINNER CRUSE W SMW IA EXECUTIVE CaUNSEL DURING SMWIA CONVENTION IN CHOO SPONSERED BY MISEROW 12.b. Amount. 13.a. Name and address of Employer or Labor Refations Consultant (including trade name, if any): Name Trade Name, if any: Street City State ZIP Code +4 14b. Amount of payment.	P.O. Box, Bldg., Room No., if any FLOOR 5	South Assembly .		
State ILL ZIP Code +4 GOGGO 10. If 9.b. or 9.c., is checked give trust or employer's name. Name SMW(A Locac265 PENSCON) Trade Name, If any: P.O. Box, Bidg, Room No., If any Street JOS Alexafura Way City CAROL STREAM State /CC ZIP Code +4 GOT88 Table Name A Convertible Conve	Street 350 N. CLAKE	c. Employer		
11. a. Nature of such dealing. MISEROW DOES NO BUSINES WITH SMW GRACOS FUNDS Trade Name, if any: P.O. Box, Bidg, Room No., if any Street JOS Alexaffica Way Tilb. Approximate dollar value of such dealing. 11. a. Nature of interest held or income received. 11. a. Nature of interest held or income received. 12. a. Nature of interest held or income received. 12. a. Nature of interest held or income received. 13. a. Nature of interest held or income received. 14. a. Nature of payment.	city Cffic AGO			
Name SMWIA LOCALZ65 PENSION Trade Name, if any: P.O. Box, Bldg, Room No., if any Street 205 Alexafdra Way City CAROL STREAM State (CC ZIP Code + 4 GOTS) 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DINNER CRUSE W SMWIA Executive Counsel During SmwIA Conventory In CH60 SPONSERED BY MISEROW 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	State C ZIP Code + 4 606 (0			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street JOS Alexafdia Way City CAROL STREAM State CC ZIP Code +4 60188 Table ACOL STREAM 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DINNER CRUISE W SMW (A Executive Counsel Durking Smw) A Connumber of the Connumbe	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
P.O. Box, Bldg., Room No., if any Street JO5 Alexafdra Way City CAROL STREAM State (CC ZIP Code +4 60188) 12.a. Nature of interest held or income received. DINNER CRUISE W SMWIA Executive Counsed During SmwIA Convertion In CH60 SPONSERED BY MISEROW 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any): P.O. Box, Bldg., Room No., if any Street City 14.b. Amount of payment.	Name SMWIA LOCALZGE PENSION	MISEROW	DOES NO BUSINESS	
Street Jos Alevafdra Way City CAROL STREAM State (CC ZIP Code + 4 60188) DINNER CRUISE W SMW IA Executive Counsel During Smw IA Convertion In CH60 SPONSERED BY MISEROW 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: Street City Slate ZIP Code + 4 14.b. Amount of payment.	Trade Name, if any:	WITH SW	IN GCAC 265 TUNPS	
City CAROL STREAM 12.a. Nature of interest held or income received. DINNER CRUISE W SMW IA Executive Counsel During Smw IA Conner During Smw IA Conner Dy Misser Day 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 21P Code + 4 14.b. Amount of payment.	P.O. Box, Bldg., Room No., if any			
City CAROL STREAM 12.a. Nature of interest held or income received. DINNER CRUISE W SMW IA Executive Counsel During Smw IA Conner During Smw IA Conner Dy Misser Day 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 21P Code + 4 14.b. Amount of payment.	Street 205 Alexafdia Way			
Executive Counsel During Smul A Connuent IN CH60 Sponsered By miserous 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City Slate 14.b. Amount of payment.	_ \		Sample problem to the control of the	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	State	DINNER CR Executive O Smula Col	UISE W (SMWIA LOUNSEL DURING NUENTION IN CHGO	
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.		12.b. Amount.	\$226°°	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	13.a. Name and address of Employer or Labor Relations Consultant			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City Slate ZIP Code + 4 14.b. Amount of payment.				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.				
Street City ZIP Code + 4 14.b. Amount of payment.	Trade Name, if any:			
City State ZIP Code + 4 14.b. Amount of payment.	P.O. Box, Bldg., Room No., if any			
State ZIP Code + 4 14.b. Amount of payment.	Street	a a manipum cembinda kata baka 1977 Sasaran manipum mengakan baharan		
14.b. Amount of payment.	City			
	State ZIP Code + 4			
	13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	And the second section of the property of the second section of the section of the second section of the section o	

Name of Person Filing GEORGE SLATER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable and the consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Do. Ley E GEORGE CTD Trade Name, if any: P.O. Box, Bldg., Room No., if any Suct E 400 Street 20 S. CLARC City C. H. CAGO State C. ZIP Code +4 60603	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Attorners for Neighbor-7 Locals, Dofes no work for Somw 265 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
The state of the s	BOAT - DINNER CRUISE AT SMULA CONVENTION FOR GENERAL EXECUTIVE COUNCIL. 12.b. Amount. 354.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value. 14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
State ZIP Code + 4 ZIP Code = 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.